

PART B. DISABILITY STATUS AND FUNCTIONAL LIMITATIONS

CP,YP,YA,YX

B1. INTERVIEWER ENTER: With whom are you speaking?

- | | |
|-----------------------------------|----|
| (NAME'S) PARENT OR GUARDIAN | 01 |
| (NAME) HIM/HER SELF | 02 |
| PROXY FOR (NAME) | 03 |

CP, YP, YA, YX

B1a. CREATE VARIABLE “RTYPE”

- | | |
|-----------------------------------|---------------|
| (NAME'S) PARENT OR GUARDIAN | 01 |
| (NAME) HIM/HER SELF | 02 → Go to B3 |
| PROXY FOR (NAME) | 03 → Go to B3 |

CP, YP, YA, YX

B2. Just to confirm, are you living with a spouse or partner in this household? If yes, which one?

Sólo para confirmar, ¿Vive Ud. con un(a) esposo(a) o un(a) pareja(a) en este hogar? ¿Si es correcto, Cual?

- | | |
|----------------------------|----|
| SPOUSE | 01 |
| PARTNER | 02 |
| NO SPOUSE OR PARTNER | 00 |
| DON'T KNOW | d |
| REFUSED | r |

CP, YP, YA, YX
1999 NHIS Family Core

B3. Next I'm going to ask you about (FILL “NAME'S” IF RTYPE=01, 03; “YOUR” IF RTYPE=02) general health. Would you describe (FILL “NAME'S” IF RTYPE=01, 03; “YOUR” IF RTYPE=02) health as excellent, very good, good, fair, or poor?

Ahora le voy a hacer unas preguntas acerca del estado general (FILL“DE LA SALUD DE (NAME)” IF RTYPE=01,03 ; “SU PROPIA SALUD” IF RTYPE=02). ¿Describiría a su salud como excelente, muy buena, buena, regular o pobre (mala)?

EXCELLENT	01
VERY GOOD	02
GOOD	03
FAIR.....	04
POOR	05
DON'T KNOW	d
REFUSED.....	r

CP, YP, YA, YX
FACCT2/CSHCN

B4. These next questions are about any kind of health problems, concerns, or conditions that may affect (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) behavior, learning, growth, or physical development. Some of these problems may affect the kind or amount of services (FILL "NAME NEEDS" IF RTYPE=01, 03; "YOU NEED" IF RTYPE=02) (IF AGE <17 ADD: Some of these health problems may affect (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) abilities and activities at school or play).

(FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need or use **more** medical care, mental health, or educational services than is usual for most (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) of the same age?

Las próximas preguntas son acerca de cualquier tipo de problemas, preocupaciones, o estado de salud (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) que tal vez afecten (FILL "LA CONDUCTA, EL SABER, EL CRECIMIENTO, O EL DESARROLLO FÍSICO DE (NAME)" IF RTYPE=01, 03; "SU CONDUCTA, SABER, CRECIMIENTO, O DESARROLLO FÍSICO" IF RTYPE=02). Algunos de estos problemas pueden afectar el tipo o la cantidad de servicios que (FILL "NAME" IF RTYPE=01, 03; "Ud." IF RTYPE=02) necesita. (IF AGE <17 ADD: Algunos de estos problemas de salud pueden afectar (FILL "LAS HABILIDADES Y ACTIVIDADES DE NAME IF RTYPE=01, 03; SUS HABILIDADES Y ACTIVIDADES IF RTYPE=02) en la escuela o al jugar.

¿Necesita o usa (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) **más** servicios, médicos, de salud mental, o de educación de lo que es normal para la mayoría de (FILL "LOS NIÑOS" IF AGE=<17; "LA GENTE" IF AGE=17+) de su misma edad?

PROBE: These questions refer to a **current** condition, not a condition in the past.

PROBE : Estas preguntas se refieren a una condición en **la actualidad**, no en el pasado.

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

]→ Go to B7

CP, YP, YA, YX
FACCT/CSHCN

B5. Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) need for medical care, mental health or educational services because of any medical, behavioral, or other health condition?

¿Necesita (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) servicios médicos, de salud mental, o de educación por causa de cualquier condición médica, o de conducta, u otra condición de salud ?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

]→ Go to B7

CP, YP, YA, YX
FACCT/CSHCN

B6. Is this a condition that has lasted or is expected to last 12 months or longer?

¿Es esta una condición que ya ha durado, o que esperan que va a durar 12 meses o más?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

CP, YP, YA, YX
FACCT1/CSHCN

B7. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) currently need or use **medicine prescribed by a doctor**, other than vitamins?

Actualmente, además de vitaminas, ¿necesita o usa (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) medicina recetada por un doctor?

PROBE: Over-the-counter medication such as cold or headache medication is not included.

PROBE: No se incluye medicación sin receta tal como para catarro o dolor de cabeza.

INTERVIEWER: THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ANSWER "YES" ONLY IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

YES.....01
NO.....00
DON'T KNOWd
REFUSED.....r

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graph LR; YES[YES] --> 01[01]; NO[NO] --> 00[00]; DK[Don't Know] --- d[d]; REFUSED[Refused] --- d; d --> B10[Go to B10]
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CP, YP, YA, YX
FACCT/CSHCN

B8. Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) need for prescription medicine because of any medical, behavioral, or other health condition?

¿Necesita (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) **medicina recetada** por causa de cualquier condición médica, o de conducta, u otra condición de salud ?

YES.....01
NO.....00
DON'T KNOWd
REFUSED.....r

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graph LR; YES[YES] --> 01[01]; NO[NO] --> 00[00]; DK[Don't Know] --- d[d]; REFUSED[Refused] --- d; d --> B10[Go to B10]
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CP, YP, YA, YX
FACCT/CSHCN

B9. Is this a condition that has lasted or is expected to last 12 months or longer?

¿Es esta una condición que ya ha durado, o que esperan que va a durar 12 meses o más?

YES.....01
NO.....00
DON'T KNOWd
REFUSED.....r

B10. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) **limited or prevented** in any way in (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) ability to do the things (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) of the same age can do?

¿Está (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) **limitado(a)** o **impedido(a)** en su habilidad de hacer las cosas que la mayoría de (FILL "LOS NIÑOS" IF <17; "LOS JÓVENES" IF 17+) de su misma edad pueden hacer?

PROBE: In other words, are there things (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) can't do as much or can't do at all that (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) the same age can?

PROBE: En otras palabras, ¿Hay cosas que (FILL "NAME" IF RTYPE=01, 03; "Ud" IF RTYPE=02) no puede hacer tanto, o no puede hacer de ninguna manera, que (FILL "LOS NIÑOS" IF AGE <17; "LOS JÓVENES" IF AGE=17+) de su misma edad pueden hacer?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

] → Go to B13

B11. Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) limitation in abilities because of any medical, behavioral, or other health condition?

¿Es (FILL "LA LIMITACION DE HABILIDADES DE NAME" IF RTYPE=01, 03; SU LIMITACION DE HABILIDADES IF RTYPE=02) por causa de cualquier condición médica, o de conducta, u otra condición de salud?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

] → Go to B13

CP, YP, YA, YX
FACCT/CSHCN

B12. Is this a condition that has lasted or is expected to last 12 months or longer?

¿Es esta una condición que ya ha durado, o que esperan que va a durar 12 meses o más?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

CP, YP, YA, YX
FACCT4/CSHCN

B13. (FILL “DOES NAME” IF RTYPE=01, 03; “DO YOU” IF RTYPE=02) need or get **special therapy**, such as physical, occupational, or speech therapy?

¿Necesita (FILL “NAME” IF RTYPE=01, 03; “UD” IF RTYPE=02) conseguir **terapia especial**, tal como terapia física, ocupacional o del habla (logopedia)?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to B16

CP, YP, YA, YX
FACCT/CSHCN

B14. Is (FILL “NAME’S” IF RTYPE=01, 03; “YOUR” IF RTYPE=02) need for special therapy because of **any** medical, behavioral, or other health condition?

¿Necesita (FILL “NAME” IF RTYPE=01, 03; “UD” IF RTYPE) terapia especial por causa de **cualquier** condición médica, o de conducta, u otra condición de salud ?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to B16

B15. Is this a condition that has lasted or is expected to last 12 months or longer?

¿Es esta una condición que ya ha durado, o que esperan que va a durar 12 meses o más?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

B16. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need or get treatment or counseling for any kind of emotional, developmental, or behavioral problem?

¿Necesita o recibe (FILL "NAME" IF RTYPE=01, 03; "UD" IF RTYPE=02) conseguir tratamiento o consejo por cualquier problema emocional, de desarrollo, o de conducta?

PROBE: Treatment or counseling includes remedies, therapy or guidance a child
or young person may receive for his/her health condition.

Emotional Problems such as depression or schizophrenia.

Developmental problems such as stunted growth.

Behavioral problems such as aggressive behavior or Attention Deficit Disorder, also known as A-D-D.

PROBE: Tratamiento o consejo incluye remedios, terapia o consejos que pueda recibir un(a) niño(a) o joven por su condición de salud.

Problemas emocionales tales como depresión o esquizofrenia

Problemas de desarrollo tal como crecimiento enano

Problemas de conducta tales como conducta agresiva o Attention Deficit Disorder, que también se conoce como A-D-D.

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

→ Go to B18

CP, YP, YA, YX
FACCT/CSHCN

B17. Has (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

¿Ya ha durado, o esperan que va a durar 12 meses o más (FILL "EL PROBLEMA EMOCIONAL, DE DESARROLLO, O DE CONDUCTA DE (NAME)" IF RTYPE=01, 03 ; SU PROBLEMA EMOCIONAL, DE DESARROLLO, O DE CONDUCTA IF RTYPE=02) ?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

CP, YP, YA, YX

B18. CHECK AGE: Is NAME's age...

<17.....	01→ Continue
17+.....	02→ Go to B20

CP
FACCT/CSHCN

B19. FACCT SCREENER DECISION (modified): Is B4=1, or B7=1, or B10=1, or B13=1, or B16=1, that is, does (NAME) have a health condition?

YES.....	01→ Go to B27
NO.....	00→ Go to B23

YP, YA, YX
1999 NHIS Family Core (modified)

B20. Does a medical, behavioral, or other health condition **now** prevent (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) from working at a job or business, or attending school?

¿Algún problema físico, mental, o emocional no le permite a (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) **AHORA** trabajar en un empleo o un negocio, o asistir a la escuela?

YES.....	01→ Go to B22
NO.....	00
DON'T KNOW	d
REFUSED.....	r

YP, YA, YX

1999 NHIS Family Core (modified)

B21. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) **limited** in the kind **or** amount of work or school (FILL "HE/SHE" IF RTYPE=01, 03; "YOU" IF RTYPE=02) can do because of a medical, behavioral, or other health condition?

¿Está (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) **limitado(a)** en el tipo **o** en la cantidad de trabajo o de estudios que (FILL "ÉL/ELLA" IF RTYPE=01, 03; "UD." IF RTYPE=02) puede hacer por causa de algún problema físico, mental, o emocional?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

YP, YA, YX

FACCT/CSHCN

B22. FACT SCREENER DECISION (modified): Is B4=1, or B7=1, or B10=1, or B13=1, or B16=1, or B20=1, or B21=1, that is, does NAME have a health condition or is limited in work or school activities?

YES.....	01 → Go to B27
NO.....	00 → Go to B24

CP

1999 NHIS Family Core

B23. (FILL "IS NAME" IF RTYPE=01 OR 03; "ARE YOU" IF RTYPE=02) now **limited in any way** in any activities because of a medical, behavioral, or other health condition?

¿Está (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) **limitado(a)** en cualquier forma, en cualquier actividad, por causa de algún problema físico, mental, o emocional?

YES.....	01 → Go to B27
NO.....	00
DON'T KNOW	d
REFUSED	r

- B24. Thinking back to (INSERT YEAR OF APPLICATION) when (FILL "NAME'S" IF RTYPE=03; "YOUR" IF RTYPE=01, 02) family applied for Supplemental Security Income, or SSI, for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02), did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) have a medical, behavioral, or other health condition then?

Pensando en (INSERT YEAR OF APPLICATION) cuando (FILL "SU FAMILIA" IF RTYPE=01, 02; "LA FAMILIA DE (NAME)" IF RTYPE=03) aplicó para Supplemental Security Income (Seguridad de Ingreso Suplementario), o SSI, para (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02); ¿tenía (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) una condición médica, o de conducta, u otra condición de salud, en ese entonces?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to B30

- B25. What health condition or problem was that?

¿Qué condición o problema de salud era?

PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition?

PROBE 2: What causes this condition?

PROBE 1: ¿Cómo llaman los doctores (FILL "LA CONDICION DE SALUD DE (NAME)" IF RTYPE=01, 03; "SU CONDICION DE SALUD" IF RTYPE=02)?

PROBE 2: ¿Cuál es la causa de esta condición ?

B26. CHECK FACCT SCREENER(s): Is B19=01 or B22=01, that is, does NAME have a **current** health condition or problem?

YES..... 01→ *Continue*
NO..... 02→ *Go to B30*

CP, YP, YA, YX (with health condition)
CSHCN

B27. The next questions are about any physical, mental, learning, or developmental conditions or problems that (FILL “NAME HAS” IF RTYPE=01, 03; “YOU HAVE” IF RTYPE=02). (FILL “IN THE PAST 12 MONTHS” IF AGE 1+; “SINCE BIRTH” IF AGE <1), how often has (FILL “NAME’S” IF RTYPE=01, 03; “YOUR” IF RTYPE=02) health condition or problem affected (FILL “HIS/HER” IF RTYPE=01, 03; “YOUR” IF RTYPE=02) ability to do things other (FILL “CHILDREN” IF AGE <17; “YOUNG PEOPLE” IF AGE=17+) do? Would you say:

Las próximas preguntas son acerca de cualesquier condiciones o problemas físicos, mentales, de saber, o de desarrollo que tiene (FILL “NAME” IF RTYPE=01, 03; “UD.” IF RTYPE=02). (FILL “EN LOS 12 MESES PASADOS” IF AGE 1+; “DESDE EL NACIMIENTO” IF AGE <1), ¿cuántas veces ha influido su condición o problema de salud en su habilidad de hacer cosas que hacen otros (FILL “NIÑOS” IF AGE <17; “JÓVENES” IF AGE=17+)? Diría:

INTERVIEWER: IF THE CONDITION IS EPISODIC, FOR EXAMPLE, ASTHMA ATTACKS, RESPONDENTS SHOULD CONSIDER THE ENTIRE 12 MONTHS OF EPISODES, NOT JUST ONE SPECIFIC EPISODE.

INTERVIEWER: READ LIST, CODE ONE ANSWER

Read list, Code one answer

Never	01
Sometimes	02
Usually	03
Always.....	04
Nunca	01
A veces	02
Generalmente	03
Siempre.....	04
DON’T KNOW	d
REFUSED.....	r

CP, YP, YA, YX (with health condition)
CSHCN

B28. Does (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition or problem affect (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) ability to do things a great deal, some, or very little?

¿Influye (FILL "LA CONDICION O PROBLEMA DE SALUD DE (NAME)" IF RTYPE=01, 03; "SU CONDICION O PROBLEMA DE SALUD" IF RTYPE=02) en su habilidad de hacer cosas mucho, algo, o muy poco?

A GREAT DEAL.....	01
SOME	02
VERY LITTLE.....	03
DON'T KNOW	d
REFUSED.....	r

CP, YP, YA, YX (with health condition)
CSHCN

B29. Overall, how would you rank (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition(s) or problem(s). Please pick a number between zero and ten where zero is the mildest and ten is the most severe.

En general, ¿cómo clasificaría la(s) condición (condiciones) o el (los) problema(s) de salud de (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02)?
Por favor escoja un número entre cero (0) y diez (10), con cero siendo lo más leve, y diez lo más severo o grave.

INTERVIEWER: IF NAME HAS MORE THAN ONE CONDITION, THEN THE RESPONDENT SHOULD RATE THE MOST SEVERE CONDITION RATHER THAN TRYING TO AVERAGE SEVERITY ACROSS ALL OF THE CONDITIONS.

|__|__| NUMBER BETWEEN ZERO AND TEN
NAME DOESN'T HAVE A HEALTH
CONDITION OR PROBLEM 11
DON'T KNOW d |

REFUSED.....r

CP, YP, YA, YX
CSHCN

B30. Which of the following statements best describes (FILL “NAME’S” IF RTYPE=01, 03; “YOUR” IF RTYPE=02) health care needs?

¿Cuál de las siguientes frases mejor describe las necesidades de servicios de salud de (FILL “NAME” IF RTYPE=01, 03; “UD.” IF RTYPE=02)?

Read list, code only one response

(FILL “NAME’S” IF RTYPE=01, 03; “YOUR”
IF RTYPE=02) health care needs change
all the time..... 01
(FILL “NAME’S” IF RTYPE=01, 03; “YOUR”
IF RTYPE=02) health care needs change
only once in a while..... 02
(FILL “NAME’S” IF RTYPE=01, 03; “YOUR”
IF RTYPE=02) health care needs are
usually stable 03
None of these..... 04

Las necesidades de servicios de salud
de (FILL “NAME” IF RTYPE=01, 03; “UD.”
IF RTYPE=02) cambian todo el tiempo..... 01
Las necesidades de servicios de salud
de (FILL “NAME” IF RTYPE=01, 03; “UD.”
IF RTYPE=02) sólo cambian de vez en
cuando 02
Las necesidades de servicios de salud
de (FILL “NAME” IF RTYPE=01, 03; “UD.”
IF RTYPE=02) son, por lo general, estables.... 03
Ninguno de estos 04

DON’T KNOW d
REFUSED r

B31. CHECK AGE: Is NAME’s age...

<17 01 → Continue
17+ 02 → Go to B33

CP

1998 NHIS Child Core (modified)

- B32. (FILL “DOES NAME” IF RTYPE=01, 03) use any medical devices or supplies? These include things like a respirator, glucose monitor, a wheelchair, hearing aid, or feeding tube.

¿Usa (FILL “NAME” IF RTYPE=01, 03) algún aparato o equipo médico? Estos incluyen cosas tales como un respirador, un monitor de glucosa, una silla deruedas, un aparato para sordos o un tubo de alimentación.

PROBE: This includes canes and walkers.

PROBE: Esto incluye bastones y caminates (walkers).

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

CP, YP, YA, YX

1999 NHIS Child Core

- B33. Which statement best describes (FILL “NAME’S” IF RTYPE=01, 03; “YOUR” IF RTYPE=02) hearing (without a hearing aid): good, a little trouble, a lot of trouble, or deaf?

¿Cuál de estas frases mejor describe al (sentido del) oído de (FILL “NAME” IF RTYPE=01, 03; “UD.” IF RTYPE=02) (sin usar un aparato para sordos): bueno, un poco difícil, bastante difícil, o es sordo(a)?

GOOD	01
A LITTLE TROUBLE	02
A LOT OF TROUBLE	03
DEAF	04
DON'T KNOW	d
REFUSED	r

CP, YP, YA, YX
1999 NHIS Child Core

- B34. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) have any trouble seeing? (IF AGE=2+ ADD) even when wearing glasses or contact lenses?

¿Tiene (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) alguna dificultad en ver? (FILL IF 2+) ¿Aún cuando está usando anteojos o lentes de contacto?)

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to B36

CP, YP, YA, YX
1999 NHIS Child Core

- B35. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) blind or unable to see?

¿Es (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) ciego(a) o incapaz de ver?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

- B36. CHECK FACCT SCREENER(s): Is B19=01 or B22=01, that is, does (NAME) have a health condition or problem?

YES.....	01 → Continue
NO.....	02 → Go to B41

CP, YP, YA, YX (with health condition)
1978 SSA Survey (modified)

- B37. Considering everything you just told me about, what do you consider (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) main health condition or problem to be?

Considerando todo lo que me acaba de contar, ¿cuál considera usted que es la principal condición o el principal problema de salud de (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02)?

PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (FILL “NAME’S” IF RTYPE=01, 03; “YOUR” IF RTYPE=02) health condition?

PROBE 2: What causes this condition?

PROBE 1: ¿Cómo llaman los doctores (FILL “LA CONDICION DE SALUD DE “NAME” IF RTYPE=01, 03; “SU CONDICION DE SALUD” IF RTYPE=02)?

PROBE 2: ¿Cuál es la causa de esta condición?

Record verbatim

CP, YP, YA, YX (with health condition)
1999 NHIS Family Core

B38. How many years (FILL “HAS NAME” IF RTYPE=01, 03; “HAVE YOU” IF RTYPE=02) had this health condition or problem?

¿Cuántos años ha tenido (FILL “NAME” IF RTYPE=01, 03; “UD.” IF RTYPE=02) esta condición o problema de salud?

<u>NUMBER</u>	<u>TIME PERIOD</u>
(01-94)	DAYS 01
95 + 95	WEEKS 02
SINCE BIRTH..... 96	MONTHS..... 03
DON'T KNOW d	YEARS 04
REFUSED r	DON'T KNOW d
	REFUSED r

CP, YP, YA, YX (with health condition)
1978 SSA Survey

B39. (FILL “DOES NAME” IF RTYPE=01, 03; “DO YOU” IF RTYPE=02) have any other health conditions or problems?

¿Tiene (FILL “NAME” IF RTYPE=01, 03; “UD.” IF RTYPE=02) cualesquier otras condiciones u otros problemas de salud?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

→ Go to B41

CP, YP, YA, YX (with health condition)

1978 SSA Survey

B40. What are these?

¿Cuáles son?

PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition?

PROBE 2: What causes this condition?

PROBE 1: ¿Cómo llaman los doctores (FILL "LA CONDICION DE SALUD DE (NAME)" IF RTYPE=01, 03; "SU CONDICION DE SALUD" IF RTYPE=02)?

PROBE 2: ¿Cuál es la causa de esta condición?

Record verbatim

B41. CHECK AGE: Is NAME's age...

<17 01 → Go to B45
17+ 02 → Continue

YP, YA, YX (age 17+)

1999 NHIS Adult Core (modified)

B42. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

¿Usa (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) equipo especial, tal como un bastón (cane), una silla de ruedas, una cama especial, o un teléfono especial?

YES 01
NO 00
DON'T KNOW d
REFUSED r

YP, YA, YX (age 17+)
1999 NHIS Adult Core (modified)

B43. During the past 12 months, that is, since (FILL LAST MONTH, LAST YEAR), about how many days did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) miss work or school because of illness or injury?

Durante los últimos 12 meses, o sea, desde (LAST MONTH, LAST YEAR), ¿más o menos cuántos días faltó (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) al trabajo o a los estudios por causa de enfermedad o una herida (lesión)?

|__|__|__| DAYS (1-365)

NONE.....	00
DON'T WORK/ATTEND SCHOOL.....	n
DON'T KNOW	d
REFUSED.....	r

YP, YA, YX (age 17+)
1999 NHIS Adult Core

B44. During the past 12 months, about how many days did illness or injury keep (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) in bed more than half of the day?

Durante los últimos 12 meses, ¿más o menos cuántos días tuvo (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) que quedarse en cama por más de la mitad del día por causa de enfermedad o una herida (lesión)?

PROBE: Include days while an overnight patient in a hospital. Also include days for mental or emotional problems.

PROBE: Incluya días que fue paciente internado(a) en un hospital. También incluya días para problemas mentales o emocionales.

|__|__|__| DAYS (1-365)

NONE.....	00
DON'T KNOW	d
REFUSED.....	r

B45. CHECK AGE: Is (NAME'S) age ...

5+.....	01 → Continue
<5.....	00 → Go to B51

B46. (FILL “DOES NAME” IF RTYPE=01, 03; “DO YOU” IF RTYPE=02) need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?

¿Necesita (FILL “NAME” IF RTYPE=01, 03; “UD.” IF RTYPE=02) la ayuda de otras personas con sus necesidades de cuidado o atención personal, tales como: comer, bañarse, vestirse, o moverse de un lugar a otro dentro del hogar?

YES.....	01		
NO.....	00		
DON’T KNOW	d		
REFUSED.....	r		

→ Go to B48

B47. (FILL “DOES NAME” IF RTYPE=01, 03; “DO YOU” IF RTYPE=02) need the help or supervision of other persons with ...

¿Necesita (FILL “NAME” IF RTYPE=01, 03; “UD.” IF RTYPE=02) la ayuda de otras personas para . . .

Code one for each

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>RF</u>
A. Bathing or showering	01	00	d	r
B. Dressing	01	00	d	r
C. Eating	01	00	d	r
D. Getting in or out of bed or chairs.....	01	00	d	r
E. (IF AGE=17+) Walking.....	01	00	d	r
F. (IF AGE=17+) Getting outside.....	01	00	d	r
G. Using the toilet, including getting to the toilet	01	00	d	r
H. Getting around inside the home.....	01	00	d	r
A. Bañarse o ducharse.....	01	00	d	r
B. Vestirse.....	01	00	d	r
C. Comer	01	00	d	r
D. Acostarse, sentarse o levantarse de la cama o una silla	01	00	d	r
E. (IF AGE=17+) Caminar.....	01	00	d	r
F. (IF AGE=17+) Salir afuera	01	00	d	r
G. Usar el inodoro (toilet) incluyendo ir al inodoro.....	01	00	d	r
H. Moverse de un lugar a otro dentro del hogar.....	01	00	d	r

B48. CHECK AGE: Is NAME's age....

<17.....01→ Go to B52
17+.....02→ Continue

YP, YA, YX (age 17+)
1999 NHIS Family Core (modified)

B49. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need the help of other persons in handling routine needs such as preparing meals, managing money, doing housework, or managing medications?

¿Necesita (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) la ayuda de otras personas en necesidades de rutina tales como: preparar comidas, manejar su dinero, quehaceres domésticos (trabajo de casa), o en administrar su medicación?

YES.....01
NO.....00
DON'T KNOWd
REFUSEDr

→ Go to B51

YP, YA, YX (age 17+)
NHIS-D (Adult Followback)

B50. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need the help or supervision of other persons with...

¿Necesita (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) la ayuda o supervisión de otras personas para...

Code one for each

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>RF</u>
A. Preparing meals.....	01	00	d	r
B. Shopping for personal items or groceries	01	00	d	r
C. Managing money	01	00	d	r
D. Using the telephone	01	00	d	r
E. Doing heavy housework	01	00	d	r
F. Doing light housework.....	01	00	d	r
G. Going to places outside of walking distance	01	00	d	r
H. Managing medications.....	01	00	d	r

A. Preparar comidas	01	00	d	r
B. Comprar artículos personales o comestibles.....	01	00	d	r
C. Manejar dinero.....	01	00	d	r
D. Usar el teléfono.....	01	00	d	r
E. Hacer quehaceres duros	01	00	d	r
F. Hacer quehaceres ligeros	01	00	d	r
G. Ir a lugares a los cuales no puede ir andando	01	00	d	r
H. Manejar medicación.....	01	00	d	r

B51. CHECK: Is A42D_1 – A42D_14 OR A91D_1 – A91D_14=02, 03, 04, 05, 07, 08, 09, 10, 11,15? That is, is (NAME) living with his/her parents, his/her brothers or sisters, other relatives, or with his/her own spouse or children?

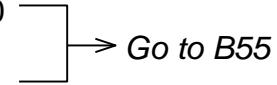
YES.....01→ *Continue*
 NO.....00→ *Go to Section C*

CP, YP, YA, YX (living with family)
 CSHCN

B52. Many families provide health care at home such as changing bandages, care of feeding or breathing equipment, transportation to appointments, and giving medication and therapies. Do any family members provide health care at home for (FILL “NAME” IF RTYPE=01, 03; “YOU” IF RTYPE=02)?

Muchas familias proporcionan (algunos) servicios de salud en el hogar, en cosas tales como cambiar vendas, mantenimiento de equipo respiratorio o de alimentación, transporte a citas, y en dar medicina y terapias. ¿Le proporcionan miembros de la familia servicios de salud en el hogar a (FILL “NAME” IF RTYPE=01, 03; “UD.” IF RTYPE=02)?

YES.....01
 NO.....00
 DON’T KNOWd
 REFUSEDr



CP, YP, YA, YX (living with family)
CSHCN

B53. How many hours per week do family members spend providing this kind of health care for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)?

¿Cuántas horas por semana pasan miembros de la familia proporcionando este tipo de servicio de salud a (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02)?

PROBE: By this kind of care we mean: changing bandages, taking care of medical equipment, giving medications, and things like that. Do not include routine care for a (FILL "CHILD" IF <17; FILL " YOUNG PERSON" IF 17+) or (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) age.

PROBE: Por este tipo de servicio queremos decir: cambiar vendas, mantener equipo medico, dar medicinas, y cosas asi. No incluya cuidado de rutina para un (FILL "NINO" IF <17; FILL " JOVEN" IF 17+) de su edad.

|__|__|__| HOURS PER WEEK (0-168)

CP, YP, YA, YX (living with family)
NHIS-D Child Followback (modified)

B54. How are these family members related to (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)?

¿Cuál es la relación o el parentesco que tienen estos miembros de familia con (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02)?

Do not read list, code all that apply

MOTHER (BIOLOGICAL OR ADOPTIVE)	02
FATHER (BIOLOGICAL OR ADOPTIVE)	03
STEP-PARENT OF (NAME)	04
FOSTER PARENT OF (NAME)	05
GRANDPARENT.....	07
BROTHER/SISTER OF (NAME)	08
AUNT/UNCLE OF (NAME)	09
(NAME'S) SPOUSE	10
OTHER RELATIVE OF (NAME) (SPECIFY IN QUESTION)	15
DON'T KNOW	d
REFUSED	r

- B55. Last week, how many hours, if any, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) receive health care where (FILL "NAME LIVES" IF RTYPE=01, 03; "YOU LIVE" IF RTYPE=02) from people **other than** family members?

La semana pasada, ¿cuántas horas, si las hay, recibió (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) en el hogar servicios de salud de personas además de miembros de la familia?

|__|__|__| HOURS PER WEEK (1-168) → If "00," go to Part C

- B56. Did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for any of this health care that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received last week? Do not count money that has been or will be reimbursed by insurance or any other source.

¿Pagó (FILL "UD. Y SU FAMILIA IF RTYPE=01, 02; "NAME" Y SU FAMILIA IF RTYPE=03) por cualquiera de estos servicios de salud que (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02) recibió la semana pasada? Por favor no cuente dinero que ya ha sido, o que será reembolsado por el seguro o por cualquier otra fuente.

YES.....	01
NO.....	00
DON'T KNOW.....	d
REFUSED.....	r

→ Go to Part C

- B57. About how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for the health care (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received last week? Again, don't count money that has been or will be reimbursed by insurance or any other source.

Más o menos, ¿cuánto pagó (FILL "UD." IF RTYPE=01, 02 "NAME IF RTYPE=03) y su familia por los servicios de salud que (FILL "NAME" IF RTYPE=01, 03; " UD." IF RTYPE=02) recibió la semana pasada? Otra vez, por favor no cuente dinero que ya ha sido, o que será reembolsado por el seguro o por cualquier otra fuente.

\$_____.00 AMOUNT PAID FOR LAST WEEK'S CARE (0-9,999)

DON'T KNOW d
REFUSED r